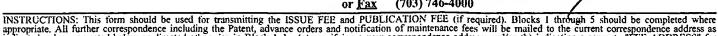
PART B - FEE(S) TRANSMITTAL

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appropriate. All further con indicated unless corrected maintenance fee notification	below or directed otherwise	Patent, advance or in Block 1, by (a	ders and noti	fication of maintenan a new correspondence	nce fees will e address; a	ll be mailed to the current and/or (b) indicating a sep	t correspondence address as agrate "FEE ADDRESS" for		
24267 7:	E ADDRESS (Note: Use Block 1 for 590 09/02/2004	any change of address)	E	Fee(s) Transi	mittal. This	certificate cannot be used	for domestic mailings of the for any other accompanying tent or formal drawing, must		
CESARI AND M 88 BLACK FALC BOSTON, MA 022	ON AVENUE	OCT 2 1	2004		ify that this Service wi the Mail the USPT		ng deposited with the United *Pess, mail in an envelope s above, or being facsimile date indicated below.		
		E.		Cal	15th J	Trenholm	(Depositor's name)		
		RADE	MARKS	Ca	2 1-1	1 helm	(Signatore)		
					Botobe	12009	(Date)		
APPLICATION NO.	FILING DATE		FIRST NAME	DINVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/040,502	11/09/2001		William	P. Acker		107044-0003P1	3692		
TITLE OF INVENTION: A FUEL CELL SYSTEM	APPARATUS AND METH	ODS FOR SENSO	OR-LESS OF	PTIMIZATION OF M	METHANO	L CONCENTRATION IN	N A DIRECT METHANOL		
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION P	EE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	МО	\$1330)	\$300		\$1630	12/02/2004		
EXAM	liner	ART UN	IT CLASS-SUBCLASS						
WINTER.	GENTLE E	1746		429-013000	-				
CFR 1.363).	e address or indication of "Fo	· ·	(1) the nat	ting on the patent from		·Cocomi	and McKenna, LLF		
"Fee Address" indicat	dence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Use	tion form	(2) the nar registered 2 registere	or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print or type)					
PLEASE NOTE: Unless recordation as set forth in	an assignce is identified be 37 CFR 3.11. Completion	elow, no assignce of this form is NO	data will app La substitute	ear on the patent. If for filing an assignmen	an assigned nt.	is identified below, the c	document has been filed for		
(A) NAME OF ASSIGN	EE	(B) RESIDENC	E: (CITY and STATE	OR COU	5/2004 BABRAHA2 0000	00130 10040502		
	uel Cells, Inc		01 FC:1501 Albany, NY 02 FC:1504 03 FC:8001				1370.00 0P 300.00 0P 30.00 0P		
lease check the appropriate	e assignee category or catego	ries (will not be pri	inted on the p	atent): 🖵 Individu	al XX Con	poration or other private gr	oup entity Government		
a. The following fee(s) are	enclosed:		. Payment of	• •					
Issue Fee				n the amount of the fe					
and the second s				Payment by credit card. Form PTO-2038 is attached. KKThe Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1237 (enclose an extra copy of this form).					
Advance Order - # of	Copies IV SOIL CO	pies	Deposit Acce	ount Number 03-1	237	rge the required fee(s), or (enclose an extra c	credit any overpayment, to copy of this form).		
p.,,	(from status indicated above MALL ENTITY status, See 2	•	🗀 b. Applic	ant is no longer claimi	ing SMALL	ENTITY status. See 37 C	FR 1.27(g)(2).		
							ation identified above. he assignee or other party in		
Authorized Signature	Itam.	voney		Dat	te	letober 21, 2	2.004		
Typed or printed name	RITA M.	ROONEY		Res	gistration N	letober 21, 2 o. 30, 585	• 		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant Claims Small Entity Status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

Signature

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			7			
Complete if Known						
	Application Number	10/040,502				
	Filing Date	November 9, 2001				
	First Named Inventor	William P. Acker et al.				
	Examiner Name	Gentle E. Winter				
	Group Art Unit	1746				
	Attachay Dacket No.					

October 21, 2004

Date

	OI TATMENT	1,700		· (COII		E C			
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Other None				FEE CALCULATION (continued)					
Check Credit	3. ADDITIONAL FEES Large Entity Small Entity								
Deposit Account	Fee	Fee	yoma Fee	Fee		Fee Paid			
Deposit	03-1237		Code	(\$)	Code		T do Bosonpaon	. co i aia	
Account Number			1051	130	2051	65	Surcharge - late filing fee or oath		
Deposit Account	Cesari and McKenna, LLP		1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	7 - 1	
Name			1053	130	1053	130		-	
The Commissioner is a	authorized to: (check all that apply) Charge any deficiency	or	1812	2,520	1812	2,520	For filing a request for ex parte reexamination		
	ed below Credit any overpayment		1804		1804		,		
Charge any additiona	al fee(s) during the pendency of this app	lication	1004			920*	Requesting publication of SIR prior to Examiner action		
Charge fee(s) indicat	ted below, except for the filing fee to the	ne above-	1805	1,840	1805	1,840	*Requesting publication of SIR after Examiner action		
identified deposit account			1251	110	2251	55			
FE	EE CALCULATION		1252	430	2252	215	Extension for reply within second month		
1. BASIC FILING	FEE		1253	980	2253	490	Extension for reply within third month	-	
Large Entity Small Entity	v		4054	4.500	0054	705	The same of the sa		
Fee Fee Fee Fe	e Fee Description Fee Pa	ald	1254	1,530		765	Extenstion for reply within fourth month		
Code (\$) Code (\$) 1001 790 2001 39	95 Utility filing fee		1255	2,080	2255	1,040	Extension for reply within fifth month		
	75 Design filing fee		1401	330	2401	165	Notice of Appeal		
1003 550 2003 27	75 Plant filing fee		1402	330	2402	165	Filing a brief in support of an appeal		
	95 Reissue filing fee		1403	290	2403	145	Request for oral hearing	-	
1005 160 2005 8	80 Provisional filing fee SUBTOTAL (1) (\$)	0	1451	1,510	1451	1,510	Petition to institute a public use proceeding		
2 EYTRA CLAIM I	FEES FOR UTILITY AND RE		1452	110	2452	55	Petition to revive - unavoidable		
2. EXTRA CLAIM	Extra Fee from	ee Paid	1453	1,370	2453	685	Petition to revive - unintentional		
Total Claims	- 20** = 0 × = =	O	1501	1,370	2501	685	Utility Issue fee (or reissue)	1,370	
Independent Claims	- 3** = 0 x ==	0	1502	490	2502	245	Design Issue fee		
Multiple Dependent	=	0	1503	660	2503	330	Plant Issue fee		
Large Entity Small Er			1460	130	1460	130	Petitions to the Commissioner		
Code (\$) Code (ee Fee Description (\$)		1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
	 9 Claims in excess of 20 Independent claims in excess of 	f3	1806	180	1806	180	Submission of Information Disclosure Stmt		
1203 300 2203 15 1204 88 2204 4	Multiple dependent claim, if not **Reissue independent claims o	•	8021	40	8021	40	Recording each patent assignment per		
	original patent		1809		2809	395	property (times number of properties)		
1205 18 2205 9	9 **Reissue claims in excess of 20 and over original patent	U					(37 CFR 1.129(a))		
	SUBTOTAL (2) (\$)	0	1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))		
**or number previously paid, if greater; For Reissues, see below				-	2801	395	Request for Continued Examination (RCE)		
	1802	900	1802	900	Request for expedited examination of a design application				
			pecify)		ublication Fee	300			
			pecify)		0 advance soft copies	30			
	Redu	iced b	y Bas	IC FILI	ng Fee Paid SUBTOTAL (3) (\$)	1,700			
SUBMITTED BY					Complete (if applicable)				
· · · · · · · · · · · · · · · · · · ·	Rita M. Rooney	Registrati	on No.	3	0,58	5	Telephone (617) 951-250	00	

(Attorney/Agent)